
Minority Aging Defense

Executive Summary

Background Paper and Proposed Recommendations
to the
2005 White House Conference on Aging

Prepared By



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Background

The Institute for the Puerto Rican/Hispanic Elderly (IPR/HE) is the largest Hispanic nonprofit organizations serving the Hispanic and other ethnic/racial minority elderly in the greater New York City area. The IPR/HE mission is to affirm, protect, and empower the minority elderly and their families by ensuring that their human needs are met under the law. A primary concern is the access, acquisition, and protection of senior rights and entitlements. In response to the proposed agenda of 2005 White House Conference on Aging, the IPR/HR co-sponsored with the Hispanic Senior Action Council a focus group of African American and Latino seniors from four boroughs of New York City. The bilingual event was held in April 2005 and addressed an array of issues that included elderly income, housing, health and mental health. The Hispanic Senior Action Council is an organization that educates, advocates for, and provides technical assistance to the Hispanic elderly. Findings from this focus group provided a framework for the preparations of a subsequent event.

In May 2005, IPR/HE co-sponsored with the Minority Aging Defense an Independent Aging Event. The Minority Aging Defense is a consortium of individuals and organizations united to improve and affect policies that impact on the lives of the growing minority elderly. The organizations included the Association of Hispanic Healthcare Executives, Canaan Senior Service Center, Casita Maria Carver Senior Center, Central Harlem Senior Citizens Coalition, Chinese-American Planning Council, Concourse Village Special Adults, East Harlem Council for Human Services - Boriken Neighborhood Health Center, Harlem Congregations for Community Improvement- Victory One, Hispanic Senior Action Council, Institute for the Puerto Rican/Hispanic Elderly, IPRO, Neighborhood Enhancement for Training Services, Neighborhood S.H.O.P.P. Senior Network Access Program, New York Statewide Senior Action Program, Northern Queens Health Coalition, R.A.I.N.- Regional Aide for Interim Needs, SAGE - Services and Advocacy for GLBT Elders, Senior Health Partners, and the South Bronx Action Group. The event was attended by more than 160 seniors and service providers with sessions held in English, Spanish and Chinese. Seventeen resolutions were adopted from which nine were submitted to the New York City Department for the Aging for consideration.

What follows are the key recommendations from a Background Paper prepared by IPR/HE shortly after the April 2005 focus group. Many, but not all, of these recommendations were considered by participants at the Minority Aging Defense event in May 2005. The IPR/HE Background Paper is organized around the six focus areas established by the 2005 White House Conference on Aging. They include (1) planning along a life span, (2) the workplace of the future, (3) our communities, (4) health and long term living, (5) social engagement, and (6) the elderly and the marketplace. Each focus is addressed from the perspective of minority communities. The full report can be requested from Institute for the Puerto Rican/Hispanic Elderly, 105 East 22nd Street, Suite 615, New York, NY 10010.

Focus 1 Minorities Planning Along a Life Span

The 2005 White House Conference on Aging recommended a focus on the economic incentives to increase retirement savings. This included individual savings; employer-based pension programs;

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and social security programs now and in the future. This also included issues of solvency, optimal mix of financial assets, long term care expenses, insurance and options as well as protections from financial fraud, abuse, exploitation, and insuring financial literacy throughout an individual life cycle.

The reality is that too many members of minority communities live from hand to mouth with little disposable income. Long term planning is almost a luxury when the struggle over making ends meet is a daily occurrence. This persists despite the fact that an increasing number of minority households have one or two wages earners and are still living in or near poverty. Their Social Security tax contribution is often the only retirement program accessible for them and remains the single most important source of income for minority elderly today and into the future.

Proposed Solutions for Social Security and Supplemental Security Income (SSI):

- Preserve the Social Security structure for all income levels.
- Protect the indexing of Social Security payments to wages to keep pace with changes to the standard of living.
- Raise the cap on Social Security tax payments from \$90,000 to \$140,000.
- Revisit limiting the investment of trust funds to government bonds. Consider other investment strategies that are low risk and might generate higher returns.
- Increase the federal share of SSI by 20% to raise the minimum national standard for assistance.
- Mandate that states attach an automatic cost of living adjustment in order to bring lowest income of minority elderly closer to the poverty level.
- Ensure sufficient funding for SSI outreach and education with particular attention to linguistically-different communities.
- Open avenues for undocumented immigrants to become documented immigrants and ultimately, citizens.
- Extend the time requirements for documented immigrants to acquire citizenship from seven to ten years.
- Permit documented immigrants who have paid into the system to collect SSI if they qualify.

Minority populations are particularly susceptible to financial fraud, abuse and exploitation in an increasingly sophisticated marketplace. This is a marketplace that is able to mine personal information at lightening speed, with technology highly vulnerable to security breaches, and operating with fewer consumer protections. This is a marketplace that often communicates conditions of financial contracts in a legal language that is uninterpretable to most English speakers-let alone speakers of other languages. This is a marketplace that also communicates conditions of

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financial contracts in a smaller and smaller print which runs counter to the needs of an aging population for a larger print.

Proposed Solutions to Address Financial Fraud, Abuse and Exploitation:

- ✦ Disclosures and terms of agreements from financial institutions and related businesses must be in a plain, straightforward language and in a size appropriate for aging eyes.
- ✦ Financial institutions should be required to have customer representatives available to speak to individuals from all the major language groups so that clients can directly ask/resolve questions or issues. This includes having quick telephone access to a live person rather than encountering a confusing maze of pre-recorded messages.
- ✦ The Federal Reserve System must move aggressively to curtail business and debt collection practices that place vulnerable consumers, and the elderly, at a severe disadvantage.
- ✦ Funding for consumer education and protection must increase with particular attention to minority and linguistically-different communities. As the aging population increases their use of the internet, attention should be paid to educating elders about online frauds and scams.
- ✦ National standards and practices for the protection of identities must be reviewed and strengthened to curb the increase in identity theft.
- ✦ Complaints of financial fraud and abuse of the elderly must be vigorously pursued. This includes educating law officials, caregivers and communities about the characteristics and extent of the problem including variations that may be mediated by different cultures. Specific practices and interventions that work should be promoted and shared among providers, agencies and government entities.

While there is increasing concern about the financial literacy of elders today, and of the elderly generations to come, far too little attention is paid to communities with little disposable income and to communities that are linguistically-different and/or newer immigrants. In addition, use of the term financial literacy suggests a degree of illiteracy which may - or may not - be true given the level of experiences communities accumulate in managing extremely limited resources.

Proposed Solutions for Financial Literacy:

- ✦ Consider financial empowerment rather than financial literacy as the mantra for this effort.

- ✦ Fund financial empowerment projects that are based in nonprofits to target communities with little disposable income and financial assets.
- ✦ Require that program efforts be linguistically appropriate and culturally sensitive to differences in the savings and lending practices of these communities.
- ✦ Require that programs address the management of limited resources and the changing nature of all existing financial practices to include opportunities and abuse.
- ✦ Special attention should also be given to addressing good practices in providing mutual family support. This includes financial transfers between generations as well as financial transfers to families in their home countries.
- ✦ Attention should be given to providing financial empowerment skills geared toward all generations and that is sensitive to the financial issues and concerns of different generations. School age children should be taught budgeting skills, beginning consumer education, and savings opportunities. Teenagers would address educational finances and consumer education. Young adults would learn about consumer education, real estate assets, international transactions, education, and retirement planning. Older adults would be focused on retirement planning, consumer education, and end-of-life financial issues.

Focus 2 Minority Elderly and the Workplace of the Future

The 2005 White House Conference on the Aging recommended a focus on providing opportunities for older workers; work incentives and disincentives; developing employee incentives in training, retraining, and retaining. The focus was to include the use of technology and addressing ageism and/or age discrimination.

Minority elders who want to work are discouraged when informed of the potential loss of benefits. Minority elders who are forced to work can find only low paid work or entry level jobs.

Proposed Solutions in Strengthening Income Opportunities for the Elderly:

- ✦ Implement policies that give credit for child care and caregiving support in the eligibility and distribution of benefits programs.
- ✦ Eliminate disincentives to work as an eligibility criteria for elderly benefits programs. Seniors should be allowed to earn a reasonable salary above the designated poverty levels prescribed in government programs.

- ✦ Fund and create clearinghouses that could match the special skills of the minority elderly with local jobs, interests and needs. This could range from sewing to woodworking- from guitar playing to translation support- from child care to mentoring opportunities in working with younger generations. The clearinghouse could pilot employment opportunities geared to the elderly that might include short-term individual contracts, and/or senior center-based economic initiatives in crafts, dance programs or second language learning centers for school children in Spanish, Chinese, Korean, etc.
- ✦ Create pathways for undocumented immigrants to gain documented status and ultimately citizenship. Provide transition services and safety nets to support them.

Focus 3 Minority Elderly in their Communities

The 2005 White House on the Aging recommended a focus on coordinated social and health services that give the elderly the maximum opportunity to age in place and includes “one-stop shops” with care navigators (case manager to help inform people about the various support system elements available to them), health, legal, financial, and protective services. This included configuration of senior centers to appeal to the next generation of senior citizens, home and community-based hospital stays, sharing information across multiple management systems, alcoholism, substance abuse, depression and medication management, and the shortage of paid workers for elderly services. This included coordination between health and aging networks; learning about and making use of best practices; alternative modes of transportation; accommodation of the differences between the Baby Boomer aging population and previous generations of the elderly; planning and developing the built environment (e.g., homes, neighborhoods, roadways) to accommodate for the elderly. This included housing affordability and availability, residential design. Finally, this included caregiver support, training, respite, information, referral, needs assessment and financial support for family caregivers and training/financial support for paid caregivers.

Most people want to grow old in familiar surroundings and maintain, as long as possible, their independence within a known environment. This is particularly important for low-income Latino, Black and Asian communities who live, and have raised their children, in communities surrounded by small businesses, religious institutions, and social activities catering to and reflecting their languages, histories, and cultures. The minority elderly are not likely to enter a retirement facility for cultural and for financial reasons. In addition, most cannot fathom isolating themselves from other generations in their communities.

Proposed Solutions for Minority Senior Housing:

- ✦ The federal government must renew its role in implementing housing policies that would protect vulnerable populations including the elderly. This must include establishing

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minimum housing standards for poor and moderate-income communities, increasing rental assistance programs, building additional units for the elderly within their neighborhoods, and piloting alternative housing strategies to meeting the needs of the elderly, the poor, and families of modest income.

- ✦ The federal government must support states and local governments in building the resources and capabilities to maintain and renovate public housing units for an aging population. Given that public housing constitutes the largest federal housing program for the elderly, major investments in routine maintenance, capital improvements and renovations is an imperative for this aging population.
- ✦ The federal government must promote programs to renovate or modify private rental housing units and homes to accommodate elderly needs. In addition, ongoing support for utilities and repairs to low-income elderly home owners on fixed incomes must continue.
- ✦ Federal, state, and local resources must be targeted to educating the elderly on their housing rights and to provide the necessary legal services on housing issues for different language communities and immigrants. Housing interventions must begin early so as to prevent homelessness.

All neighborhoods or districts in low and modest income communities should be evaluated from the perspective of the needs of the elderly within that community. Existing services for the elderly must be inventoried, additional needs should be defined, and funding directed to put a comprehensive system for the elderly in place.

Proposed Solutions for Supporting Seniors Within Communities:

- ✦ Community residents should routinely hear about and be engaged in the issues and concerns impacting all residents within its catchment area so that there is a better understanding of concerns cutting across generations. This includes federal, state, and local issues. Hearings should be linguistically appropriate to the community and take into account levels of literacy as well as preferred modes of receiving the information.
- ✦ Communities and districts should designate and fund a central clearinghouse of information that would routinely be revised, updated, and disseminated in the appropriate languages of its residents. Social service or educational programs should be required to register the new service/program within the first month of implementation. Registration would simply include name, source of funding, description, length of program, and eligibility requirements.

- Communications and communication strategies for disseminating information on elderly programs and services must embrace the different ways communities are constituted and related. This includes tapping into clusters of housing with senior residents, hospitals and doctors offices, local businesses (bodegas, barber shops, hairdressing salons, laundries), religious institutions, senior centers, etc. In addition, greater attention should be given to engaging the local media including the ethnic press and ethnic radio programs.
- Local institutions and businesses should be engaged in networks and support systems that can promote healthy life styles for the elderly. Disseminating information is one way but it can also include identifying “safe passages” for seniors if there are safety issues or businesses can be identified with a elderly-friendly community emblem if they offer particular services for seniors.
- Programs and services should be encouraged to build official networks of support for the elderly.
- Public accountability systems must include mechanisms for supporting rather than penalizing programs and services that are effective in reaching the targeted population above and beyond expectations.
- Safe walking paths, a network of transportation supports, bulk purchasing of healthy foods, a system of elder friendly cultural events all can be promoted on a local level to make the lives of the elderly active, affirming, rich, and enjoyable.
- A generic application form should be utilized for all programs and services to include both public and privately funded initiatives. This would require a partnership between the public and private sector involved in the delivery of elder programs and services.
- An intensive effort must be made to build a cadre of human service workers that speak the languages and are respectful of the cultures of their clients. Such workers should be financially acknowledged/rewarded for having and using those skills in the delivery of services to the elderly.
- One stop service delivery should build into the management systems a recognition of the stages of aging needs. Such a management system can alert human service workers to potential symptoms or problems. This would promote a more proactive approach to service delivery.
- One stop service delivery should also track and monitor the interrelationship of the physical, social, and emotional needs of each client that might require interventions.

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- Client case files should only be closed upon the death of the client. Attention should also be given to client mobility across local and state jurisdictions as well as across national boundaries in the instances that seniors return to their homelands.
- There is a need for political leadership, vision, and will to reach out to newer generations of the elderly. This can begin by piloting alternative models of centers within communities specifically targeting the near-elderly generations of low-income Latinos, Blacks, and Asians.
- Surveys of needs and interests among the newer generations should be planned and incorporated into the design of these centers. Healthy aging should be emphasized taking into account the physical, social, and psychological interests of the minority near-elderly. Healthy aging would affirm the languages and cultural attributes of different communities and provide many opportunities to share among and across different language and cultural groups.
- ESL and civic/citizenship classes must be continuously available for immigrant communities. On the other hand, second language learning opportunities and cultural experiences help English speakers develop new language skills as well as promote greater compassion for newer immigrants.
- A national program of best practices in reaching the near-elderly should be launched to reframe traditional activities such as congregate meal programs and nutrition education. The goal is to stir the interest and promote the engagement of newer generations of seniors. Voucher programs that would enable a young senior to take their grandchildren to lunch or take a friend to dinner are ways to promote healthy social interactions within and among generations.
- Best practices should also include developing new activities that would engage the young-old with the old-old as well as even younger generations. One way would be to promote ongoing partnerships with local libraries and educational institutions to capture oral histories as part of building community histories.
- Stipends and other financial incentives for the minority near-elderly should be a part of the funding stream. Middle class concepts of volunteerism do not necessarily apply to low-income communities in need of income.
- Finally, expenses must be allocated to improve the condition of existing elderly facilities or to build new ones. The current state of many of these facilities sends a poor message on aging to all generations.

Focus 4**Minority Elderly Health and Long Term Living**

The 2005 White House on the Aging recommended a focus on access to affordable, high quality health services with a national long-term care policy and with a connection of evidence-based research and comparative – effectiveness studies with the delivery of health care services. This included strategies to align payment policies with the continuum of care for the aging with an emphasis on chronic care and access to geriatric care. This also included healthy lifestyles, prevention and disease management, delivery of quality care by caregivers, and appropriate end-of-life settings.

There is a recognition of disparities in health outcomes and the delivery of health services to minorities generally, including the minority elderly. The response, however, is as fragmented as the entire health delivery system. In addition, mental health is one of the most undiagnosed and untreated health issue in minority communities. The minority elderly are also typically under-enrolled in benefit programs due to language differences and a host of other factors.

Proposed Solutions for Improving Minority Elderly Health and Mental Health Issues:

- A national public/private sector campaign should be launched to address the need to build an army of linguistically and culturally competent health and mental health professionals. Financial incentives must be put in place for individuals and institutions to educate, train, and retrain all health workers to serve different communities. Such programs should build models within historically black and Latino and Asian serving educational institutions, should build programs within professional associations in partnership with minority professional groups, should provide online continuing education opportunities, should target the building of language skills to effectively communicate with the targeted populations, and should educate about the impact of immigration on individuals and families.
- Promote wider communications about mental health issues with an emphasis on communication channels that reach minority and immigrant communities.
- Provide for new and improved mental health facilities in local settings close to the needs and reflective of its residents.
- Ensure more equitable rates of reimbursements and timely reimbursements to community mental health programs. Specifically, adjust Medicare policy to cover mental health care at the 80% level it covers medical services.
- For the uninsured, guarantee a level of mental health service that would strengthen their overall health.

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- Require a minimum standard for communication between health and mental health professionals.
- Require training of medical professionals to recognize and appropriately address mental and emotional needs of their minority elderly patients.
- Require that federally funded research include the participation of minorities in their designs.
- Promote nutritional programs in many languages that address the cultural traditions of different communities and promote healthy eating.
- Extend the reach of meal programs to the poor and those with modest incomes with a focus on both the elderly and near-elderly minority and immigrant populations.
- Step up efforts to enroll eligible minority communities in all available health benefits, programs and services. Simplify the enrollment process and consider phasing in services for the near-elderly.
- End the discrimination against non-traditional families to give them full access to benefits and insurance programs.
- Encourage clinics and pharmacies to share information on patient's consistent use of medication to improve adherence.
- Simplify and limit benefit program demands on providers and support patients receiving care over time from a single provider.
- Continue to target linguistically appropriate and culturally sensitive health campaigns to communities at great risk for specific diseases, chronic illnesses and risky behaviors. Pay special attention to the specific needs of the low income gay, lesbian, bisexual, and transgendered elderly.
- Allow states to become bulk purchasers of prescription drugs and reverse the trend of higher deductibles and higher copayments for medical services.
- Support and reimburse providers who build into the health service a reasonable time for patient interaction and counseling.
- Strengthen Medicaid and Medicare programs by beginning with the needs of the changing populations and focusing on the quality of service delivery. Reimburse based on the quality of care vis a vis the client.

Low-income communities have few long term care options. The reality is that private long term care insurance is not a viable option for most low-income and moderate-income minority communities concerned with the health, disability, and life insurance needs. There is also a crisis in the long term care industry with a severe lack of linguistically competent and culturally sensitive programs and staff.

Proposed Solutions for Long-Term Care in Minority Communities:

- ✦ Pilot and promote long term care programs that are linguistically appropriate and culturally sensitive to populations most in need of service. Ensure continuum of care with programs that meet the needs of clients as their ability to function diminishes.
- ✦ Emphasize home and community-based long term care options that give support to clients and their caregivers. As such, increase the development of Adult Day Programs and amend Medicaid policy to cover payment for this service.
- ✦ Promote living wages for direct long term care workers as well as wage incentives for those who are linguistically/culturally competent or retrain to gain these competencies. .
- ✦ Work with the long term care insurance industry in setting standards that would be comprehensive and understandable to the general public.
- ✦ Require that nursing home facilities employ professional and paraprofessional staff that are ethnically and linguistically representative of their resident population.

Focus 5 Minority Elderly and Social Engagement

The 2005 White House on the Aging recommended a focus on the integration of the elderly with the non-elderly community, increasing opportunities for volunteerism and other forms of civic engagement, promoting expanded opportunities for companionship to reduce isolation and loneliness, exploring roles of religious institutions, intergenerational activities and the effective individual adaptation to the conditions of aging. This included increasing physical activity among the elderly, continuing higher education for the older learners, computer training for entertainment and sociability, and keeping older drivers on the road safely.

Studies have shown that low-income minority and immigrant communities rely more extensively on their informal support systems than the general population. Families are the critical base of social engagement and support. However, low-income families are subjected to so many stresses that families may have their ability to support their elders eroded. Women, in particular, as primary caregivers may find themselves increasingly isolated from social networks because of the burdens

associated with caregiving. Gay, lesbian, bisexual and transgendered elders grapple with isolation associated with their sexuality.

Proposed Solutions for the Social Engagement of the Minority Elderly:

- ✦ With sufficient resources, senior centers can serve as a hub for outreach to and engagement of Hispanic, Asian, and Black networks and institutions to include business, cultural, and religious. In such a capacity, the senior centers can also bridge those assets with more established general institutions around or in these communities. Senior centers should have this as a core service that is adequately funded and as a way to deter social isolation.
- ✦ Minority seniors must be given the opportunity to work, without penalty as opposed to volunteerism. This includes tapping into their skills and interests as well as providing opportunities to learn additional skills. While seniors generally, have been harnessing new technologies, minority seniors have not had comparable access to computers and to the internet.
- ✦ Transportation for seniors must be supported to facilitate social engagement. Public transportation must be accessible and opportunities for travel outside of their immediate community more easily arranged.
- ✦ Special support networks must be developed, piloted and funded targeting elderly and near-elderly women and for gay, lesbian, bisexual and transgendered elderly populations who are underserved.
- ✦ Educational and cultural institutions (colleges and universities, museums, libraries, theatre, etc.) should be encouraged to offer programs and services to the elderly and near-elderly and in the languages of these communities.

Focus 6 The Minority Elderly and the Marketplace

The 2005 White House on the Aging recommended a focus on the promotion of new products, technology and new ways of marketing that will be helpful or useful to the older consumer; determining how best to develop and disseminate assistive devices; and determining how to address the shortage of paid workers for elderly services.

Low-income minority seniors are a low marketing priority as compared to younger generations and the white elderly. Low-income minority seniors are also frequently confused by the choices made

available to them due to inadequate or poorly conveyed information about the relative strengths and limitations of a product.

Proposed Solutions for Addressing the Minority Elderly in the Marketplace:

- Consumer information conveyed to the minority elderly must use a diversity of channels to include native language and English language radio, television, newsprint (English language, ethnic and alternative), and face to face meetings.
- Consumer information must be in a format that is understandable and readable.
- Comparative product information should be mandated for all products targeting the elderly. This is particularly important when introducing assistive devices or when involving formal and informal monetary transactions.
- Increase the number of roles for seniors in media programming and reporting. Ensure that these roles reflect the complexity and diversity of the elderly to include their interactions within their generation and among generations.
- Increase the representation of seniors, particularly minority seniors, as active and engaged.
- Diversity in the media should reflect the diversity of populations. This includes attentiveness to the diversity within Hispanic, Asian and Black communities.
- Promote positive images of gay, lesbian, bisexual, and transgendered elders to help counteract stigmas against them.